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Notice of Independent Review Decision

**May 6, 2014**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

TENS unit

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR  
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Physical Medicine and Rehabilitation Physician

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who on xx/xx/xx, sustained an injury to his waist/lower back area.

**2013:** On April 9, 2013, evaluated the patient for injury to the lumbosacral area and waist. The patient reported that while reaching, she felt pain to the lumbosacral area. She reported her pain as constant pressure like and sharp. The pain was rated at 8/10 and was aggravated by certain movements. Examination of the thoracic and lumbar spine could not be performed due to pain. diagnosed lumbar sprain/strain and spasm and recommended physical therapy (PT).

On April 12, 2013, evaluated the patient for follow-up of the lumbosacral pain. The patient reported that she was better and rated her pain at 6/10. Examination of the lumbar spine showed muscle spasm, pain on palpation and decreased range of motion (ROM). The patient was treated with injection Toradol and was prescribed Vicodin and Flexeril. She was recommended PT.

On April 19, 2013, evaluated the patient ongoing complaints. The pain was sharp. It was a pressure and pulling like pain that would come and go. Examination showed muscle spasm and pain on palpation of the lumbar area. There was decreased ROM. The patient was recommended continuing PT.

On April 23, 2013, evaluated the patient for ongoing complaints. She reported that her pain level was 8/10 in the morning. On examination, her pain level was 5/10. There was muscle spasm and decreased flexion. The patient was recommended continuing PT.

On May 3, 2013, the patient complained of 4/10 pain without sitting or standing too long and 7/10 while movement. recommended continuing PT.

On May 10, 2013, noted that the patient was doing better and her pain was rated at 1/10. The pain was described as aching. Examination showed full ROM. The patient was referred for functional capacity evaluation (FCE).

On May 15, 2013, the patient was doing better. She was discharged.

**2014:** On January 6, 2014, the patient complained of aching, sharp and constant pain that was rated at 8/10 and radiating to the lower back and right leg. Examination showed positive Patrick, Kemps, Wells, Hoover and Kernig tests. There was decreased ROM with flexion to 45 degrees, extension 10 degrees, rotation to 30 degrees bilaterally and lateral flexion to 30 degrees bilaterally. and Mr. prescribed Vicodin and Flexeril and ordered magnetic resonance imaging (MRI) of the lumbosacral spine.

On January 14, 2014, MRI of the lumbosacral spine showed: (1) At L5-S1, a 5.3 mm subligamentous protruding/herniated disc laterally on the left side. The thecal sac was mildly effaced along its anterior lateral margin on the left side. There was moderately marked narrowing of the left-sided lateral recess and proximal foraminal opening was also present on the left. There was no herniated disc on the right. Disc desiccation was present. Height of disc space centrally measured approximately 8 mm. (2) At L4-L5, there was approximately 5.2 mm herniated disc centrally and laterally on the right side. A component of the disc herniation extended in the caudal direction along its superior posterior margin of the L4 vertebral body on the right side. Extruded disc component might be present along the inferior margin questionable of focal disruption of the posterior longitudinal ligament questioned. There was moderately marked narrowing of the lateral recess on the right. Disc desiccation was present. Height of disc space measured 10.3 mm and disc desiccation was present. (3) At L3-L4, there was a small focal slightly increased signal intensity in the subligamentous space

centrally, possible tear of the annulus fibrosus present. An approximate 2.5 mm broad-based disc bulge was present. The thecal sac was mildly strengthened centrally. There was mild narrowing of the lateral recesses bilaterally. Disc desiccation was present. Height of disc space centrally measured 8.1 mm. (4) At L1-L2, there was a small Schmorl's involving the superior endplate of L2. (5) There was slightly increased signal within the facet joint space on both the right and left sides at the L3-L4 level more so on the right. There was evidence of synovitis. There was little facet degeneration of the facet joints at the four lowest levels of the lumbar spine.

On January 14, 2014, noted ongoing aching, sharp and constant pain. Examination findings were unchanged. recommended continuing Vicodin and Flexeril.

On January 20, 2014, noted constant sharp pulling type of pain that was radiating from the low back to the right leg and right calf. Examination showed decreased ROM. referred the patient and recommended therapy.

On January 29, 2014, the patient attended therapy consisting of electrical stimulation, myofascial release and heat/cryotherapy.

On February 10, 2014, provided a letter of medical necessity for transcutaneous electrical nerve stimulator (TENS) unit.

On February 24, 2014, performed a designated doctor evaluation (DDE). He assessed clinical maximum medical improvement (MMI) as of May 15, 2013 with 5% whole person impairment (WPI) rating.

On February 24, 2014, the patient attended therapy consisting of electrical stimulation, myofascial release and heat/cryotherapy.

Per utilization review dated February 28, 2014, the request for TENS unit for the lumbar spine was denied.

PA-C, provided a letter for reconsideration request for TENS unit. It was noted that the TENS unit for home use had been recently denied due to the lack of medical necessity. The patient had sustained low back injury on xx/xx/xx, when he was picking up boxes and had experienced sudden onset of pain symptoms. A TENS unit was ordered to help alleviate his pain symptoms and reduce the need for narcotic medication. opined that that was an exacerbation of the initial injury as the symptoms were consistent with the initial injury.

On March 17, 2014, the appeal for a TENS unit for lumbar spine was denied based on the following rationale: *"The patient is noted to have chronic low back pain status-post injury of xx/xx/xx. The patient is noted to have chronic pain rated 7/10 on the pain scale. ROM was diminished and request is made for a TENS unit. TENS units may be utilized as an adjunct to an active rehabilitation program as per ODG guidelines. Therefore, the request for TENS unit for lumbar spine is*

*not certified. The purpose of this utilization review is to determine if the requested medical treatment is medically reasonable and appropriate.”*

On April 10, 2014, noted that the TENS unit was denied due to lack of medical necessity. He opined that the patient had denied any history of back problems and was working full duty at the time of injury. He was initially treated conservatively with PT and placed on Flexeril and Vicodin for pain control, but experienced minimal relief from the therapy and medications. He had come to the office on January 6, 2014, with a chief complaint of severe low back pain which radiated down the right leg. An MRI of the lumbar spine revealed multilevel disc herniations. The patient was given an impairment rating (IR) on February 24, 2014. The patient was assigned 5% WPI rating. A TENS unit was ordered on March 31, 2014, to help alleviate his pain symptoms since narcotic medications had not helped. The patient reported utilizing the TENS unit twice a day with good response with reduction in pain levels. The TENS unit was ordered to increase his ROM, manage his chronic pain, relaxation of muscle spasms and to prevent retardation of muscle atrophy. The patient was currently in a rehab program. A request was made for reconsideration of coverage of this course of treatment possibly a trial as it would bring relief.

On April 14, 2014, a request was submitted for IRO.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

ODG does not allow for use of a TENS unit except in the context of an active rehabilitation program which is not demonstrated here.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**